

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Computer Readable Form (CRF)?:: No
Title:: SUBCUTANEOUS INFUSION SET
Attorney Docket Number:: 047711-0331
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 10
Small Entity?:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Leif
Family Name:: Bowman
City of Residence::
Country of Residence::

Street of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Albert
Family Name:: Candiota
City of Residence::
Country of Residence::
Street of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Milad
Family Name:: Grgis
City of Residence::
Country of Residence::
Street of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Thomas
Family Name:: Rudolph
City of Residence::
Country of Residence::
Street of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US

Status:: Full Capacity

Given Nam :: Fred

Family Name:: Houghton

City of Residence::

Country of Residence::

Street of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Jason

Family Name:: Adams

City of Residence::

Country of Residence::

Street of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Brian

Family Name:: Highley

City of Residence::

Country of Residence::

Street of mailing address::

Correspondence Information

Correspondence Customer Number:: 23392

E-Mail address:: PTOMailLosAngeles@Foley.com

Representative Information

| | | |
|---|-------|--|
| Representative Customer Number:: | 23392 | |
|---|-------|--|

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|----------------------|--------------------------|-----------------------------|-----------------------------|
| | | | |

Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|------------------|-----------------------------|----------------------|---------------------------|
| | | | |

Assignee Information

Assignee name:: Medtronic MiniMed, Inc.